

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Hayden
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132
County Registrar No. _____
Local Registrar No. 68

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Baby Nichols
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Sept 17 1925
Month day year

8. FATHER
Full name William Nichols
9. Residence Hayden
(Usual place of abode)
If nonresident, give place and state _____
10. Color or race White
11. Age at last birthday 27 (Years)

14. MOTHER
Full name Laura G Myers
15. Residence Hayden
(Usual place of abode)
If nonresident, give place and state _____
16. Color or race White
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Myrican
(State or country) Miss
13. Occupation Draftsman
Nature of industry _____

18. Birthplace (city or place) Phonix
(State or country) Fla
19. Occupation Wife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Hayden on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Charles Stewart, M.D.
(Physician or midwife)
Address Hayden Arizona
Filed Sept 18, 1925
Local Registrar W. J. Dack

Given name added from a supplemental report _____
Month, day, year. 052-917-342
Registrar.

Filed _____, 19____
County Registrar.